

PART B - FEE(S) TRANSMITTAL

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7265 7590 06/25/2009

MICHAELSON & ASSOCIATES
 P.O. BOX 8489
 RED BANK, NJ 07701-8489

09/04/2009 HDESTA2 00000103 10533001

01 FC:1501 1510.00 OP
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Peter L. Michaelson (Printed name)
Peter L. Michaelson (Signature)
 September 2, 2009 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/533,001 12/15/2005 Wybe Laverman Stertil-1/RCE (P60856US00) 1678

TITLE OF INVENTION: DOCK LEVELLER, LIP FOR DOCK LEVELLER AND LIP HINGE CONSTRUCTION
LEVELLER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional NO \$1510 \$300 \$0 \$1810 09/25/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
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HARTMANN, GARY S 3671 014-071100

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Michaelson & Associates
 2 Peter L. Michaelson
 3 Peter A. Luccarelli, Jr.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

STERIL B.V.

KOOTSTERTILLE, THE NETHERLANDS

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 13-3083 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date September 1, 2009

Typed or printed name Peter L. Michaelson

Registration No. 30,090

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nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/25/2009

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HARTMANN, GARY S	3671	014-071100

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